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CORRESPONDENCE

RESUSCITATION

Necessity of a change in AHA CPR guidelines 2020 for pregnant women

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Cardiopulmonary resuscitation (CPR) guideline have been revised every five years according to the current evidenced-based findings. Changes are focused on high quality CPR, healthcare workers, time when the gravid uterus compresses the maternal abdominal aorta and the inferior vena cava (IVC).^{2,3} For prevention of ACC, left lateral uterine displacement must be done in CPR process, as it has



been confirmed by a large number of evidence based

studies to provide total relief of ACC.⁴ In CPR the new guidelines, published by Heart American Association (AHA) in 2020, it is declared that relief of ACC with lateral uterine displacement is not related to the gestational age (Figure 1).⁵ Although, they have specified it for in-hospital cardiac arrest.

The fact is that ACC occurs typically after 20 weeks gestation.^{6,7} Before 20 weeks gestational age, the fundus can be palpable below the level of umbilicus. Our assumption is that



restrictions, equipment's and unique situations. CPR in pregnant women undergoing CPR for cardiac arrest, is one of the most important situations that must be paid due attention to it in the new guidelines.

CPR in pregnant women is different from nonpregnant women in many aspects. A uterus that extends to the umbilicus is usually sufficiently large to cause aortocaval compression (ACC).¹ ACC occurs lateral uterine displacement is not necessary before 20 weeks gestational age due to uterus placement and the relatively smaller size. In this position, a rescuer has been withdrawn from participating of chest compression or airway management as two important components of CPR process. It seems that new CPR guidelines in pregnant women must be written according to gestational age (e.g. before 20 weeks and after 20 weeks). We recommend that our assumption

is examined on hemodynamic outcomes of pregnant women during CPR in future studies.

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